



MISSOURI DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
CHANGE OF PUBLIC ADJUSTER SOLICITOR STATUS

P.O. BOX 690 or
P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES
JEFFERSON CITY, MO 65102
THIS FORM MAY BE DUPLICATED

INSTRUCTIONS

Please type or print in ink.

Enclose a \$10 fee if you want a license showing the new name and/or address. Fee may be paid by check or money order, made payable to DIFP - Insurance. ☐ CHECK BOX IF YOU ARE ENCLOSING THE \$10 FEE.

SOCIAL SECURITY/LICENSE NUMBER	LEGAL LAST NAME, FIRST NAME, MI	<input type="checkbox"/> JR <input type="checkbox"/> SR
CURRENT E-MAIL ADDRESS (PLEASE PRINT CLEARLY)		

☐ **CHANGE OF ADDRESS** (Notification required within 30 days of change)

NEW RESIDENCE ADDRESS (Required)				
STREET ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE)	CITY	STATE	ZIP	HOME PHONE NUMBER
NEW BUSINESS ADDRESS (Optional)				
STREET ADDRESS	CITY	STATE	ZIP	BUSINESS PHONE NUMBER
NEW MAILING ADDRESS (Optional)				
STREET ADDRESS/P.O. BOX	CITY	STATE	ZIP	BUSINESS PHONE NUMBER

☐ **CHANGE OF NAME** (Please attach documentation)

PREVIOUS NAME
NEW NAME

☐ **CORRECTION OF SOCIAL SECURITY NUMBER** (Please attach documentation)

INCORRECT SOCIAL SECURITY NUMBER	CORRECT SOCIAL SECURITY NUMBER

<input type="checkbox"/> CHANGE OF PUBLIC ADJUSTER	
PREVIOUS PUBLIC ADJUSTER BY WHOM YOU WERE EMPLOYED	
NEW PUBLIC ADJUSTER BY WHOM YOU ARE EMPLOYED	EFFECTIVE DATE

DATE	SIGNATURE OF PUBLIC ADJUSTER SOLICITOR